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The Greater Hartford Lyme Disease And Action Group

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www.ctlymedisease.org

www.ctlymeriders.com

www.lymecryme.com

The 1999 madate for the treatment of lyme disease came about as a result of the abuse of power by the insurance company's and their desire to save money rather than see that CT residence were treated. The bottom line was more important than the patent's health. To let this mandate die would be devastating to the health of the CT residence.

We understand that all businesses want to cut cost and this could be accomplished by breaking the stronghold that Yale and UCONN have on CT.

These medical schools have most CT Doctors using the western blot as a diagnosis tool when it was only intended to be used for surveillance.

The CDC even states that you can multiply the number of cases by a minimum of 10 to get an estimate on the total number of cases Lyme disease is a clinical diagnosis.

Perhaps the insurance company's would like to save money by encouraging early treatment of lyme disease when the disease is easy to cure rather than wait until the patient becomes chronicy ill with lyme disease or gets mis-diagnosed with other things like MS, Lupus, Fibromyalgia, Chronic fatigue and other catch all diseases. We have set up a web site that is mostly Government documents called www.lymecryme.com that will show you that the western blot testing will miss over 80% of the cases and this is from a Doctor on the IDSA .

Reward \$20,000

The Greater Hartford Lyme Disease Support and Action Group post a \$20,000 **REWARD** to any Physician that can prove that the Lyme bacteria *Borrelia burgdorferi* is eradicated after 42 days of antibiotic treatment in all cases. Medical research and lab tests show otherwise^(1,2,3). Furthermore, we challenge any MD who claims all Lyme disease is cured with 6 weeks of antibiotic treatment, to post \$20,000 to prove our statement is false and misleading.

Due to lack of knowledge, mis-education and physician ignorance of the *flawed Elisa and Western Blot*, early diagnosis is often overlooked which leads to misdiagnosis and subsequent late state chronic Lyme disease. Most doctors are respectable and care about their patients but are being misled by a handful of self-proclaimed Lyme disease experts along with many of our own government health agencies resulting in gross misdiagnosis. We have to wonder how many people have been sent to their grave unaware they suffered from Lyme disease. Most doctors are mistakenly using the CDC's surveillance criteria as a diagnostic tool. The CDC itself states "that these narrow criteria are for reporting purposes only and not to be used for diagnostic treatment decisions." The CDC also acknowledges that Lyme is a clinical diagnosis and should not be ruled out by a negative blood test and it is often appropriate to treat the patient solely on the basis of objective signs and known exposure to an endemic area.

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2. Liegner, K.B., C.E. Rosenkilde, G.L. Campbell, T.J. Quan, and D.T. Dennis. 1992, Culture-confirmed treatment failure of cefotaxime and minocycline in a case of Lyme meningoencephalomyelitis in the United States, abstr. 63, p. A10. Program Abstr. 5th Int. Conf. Lyme Borreliosis, 1992.
3. Liegner KB, Ziska M, Agricola MD, Hubbard JD, Klempner MS, Coyle PK, Bayer ME, Duray PH. Fatal chronic meningoencephalomyelitis (CME) with massive hydrocephalus, in a New York state patient with evidence of *Borrelia burgdorferi* (Bb) exposure. In Program and Abstracts of the 6th Int. Conf. On Lyme Borreliosis, Bologna, Italy, Abstract P041T. June 19-22, 1994.